

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 4526

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4137 BURGON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 39 YEARS
years, months or days

3. (a) PRINT FULL NAME

MARY TILL

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married,
divorced MARRIED
6. (b) Name of husband or wife HENRY TILL 6. (c) Age of husband or wife If
alive 69 years
7. Birth date of deceased JUNE 29 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66. 10 20 hr. min.

9. Birthplace HUNGARY (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name PETER HASSELBERGER

13. Birthplace HUNGARY (City, town, or county) (State or foreign country)

14. Maiden name MARY HAMMILL

15. Birthplace HUNGARY (City, town, or county) (State or foreign country)

16. (a) Informant HENRY TILL

(b) Address 4137 BURGON

17. (a) BURIAL (b) Date thereof MAY 22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Thorndikes

(b) Address 2906 Garing

19. (a) MAY 20 1946 (Date received by Registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GO.
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4137 BURGON (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month May day 19
year 1946 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from April 11 1945 to May 19 1946
that I last saw her alive on May 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial chronic
hypertension
nephritis interstitial. Chr

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Philip Schucke (M. D. or other)
Address 1703 Grand Date signed 5.20.46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Leo J. Budd

Licensed Embalmer No.....

3989

P. O. Address.....

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.